

Clinical Indications for Peripheral IV Catheter Replacements

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Clinical Indications for Peripheral IV Catheter Replacements

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BACKGROUND

- Current practice at LVHN is to replace IV catheters after 72 hours regardless of if the site is symptomatic or not. Current practice also causes them unnecessary pain while having a new IV placed when not clinically indicated.
- Renal patients are usually harder to obtain IV access in, changing sites when clinically indicated increases patient satisfaction and decreases number of sticks the patient has to have.

PICO

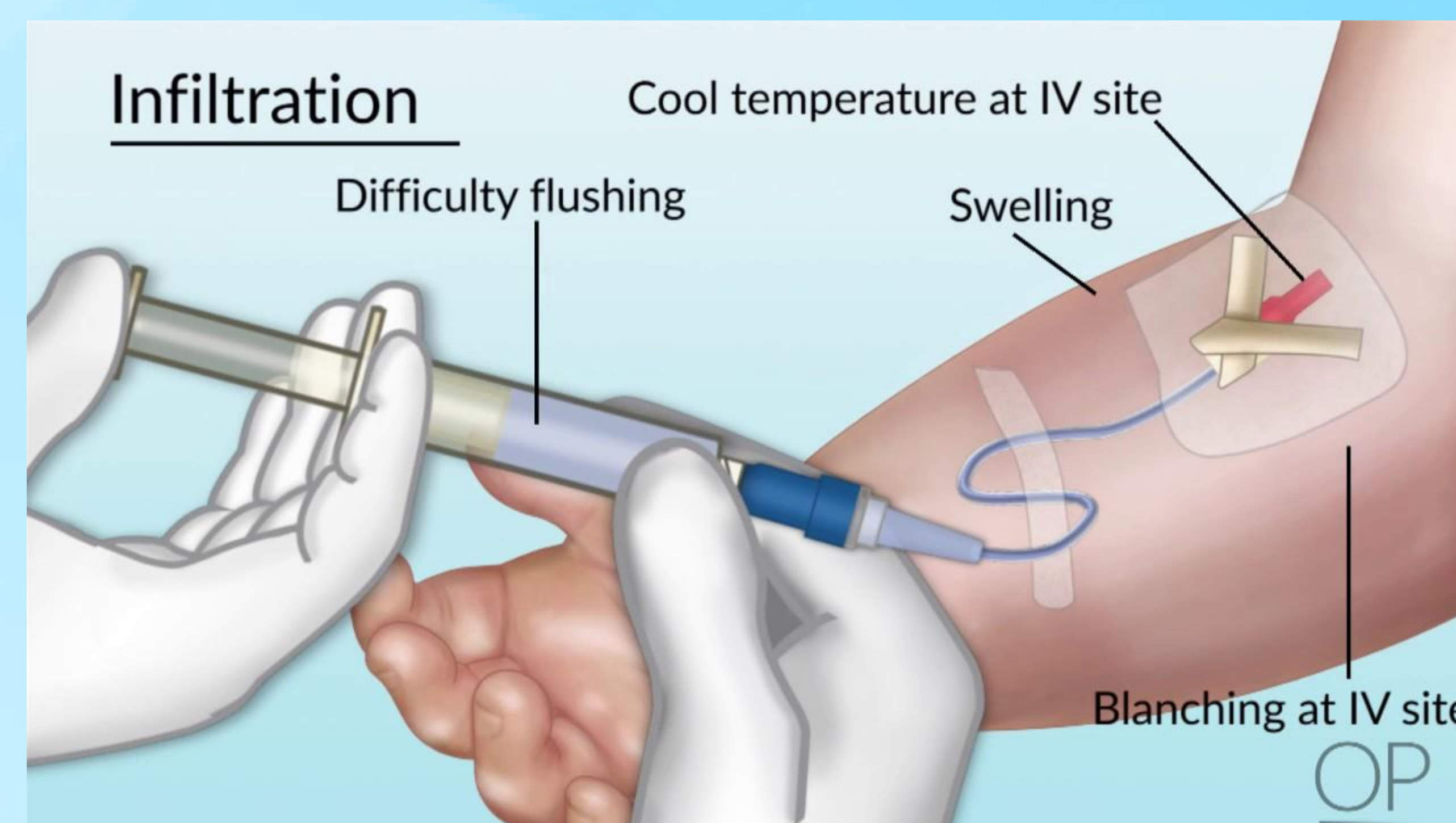
- **P – Adult Medical-Surgical Patients**
- **I – Clinically indicated replacement of IV catheters**
- **C – Current Practice – 72hours**
- **O – Impact on IV associated complications**

EVIDENCE

- Rate of actual IV associated blood stream infections is only 0.5 per 1000 catheter days.
- Many patients are afraid of needles and will refuse IV changes unless really necessary.
- No significant changes found among 755 inpatients when comparing clinically indicated changes versus routine changes.
- In a systematic review of 7 trials with a total of 4895 patients, no evidence was found to support changing catheters every 72-96 hours (Webster, Osborne, Rickard, New, 2015.)

OUTCOMES

- Infection rates are the same when IVs are changed routinely versus when clinically indicated.
- The number of symptomatic IV sites does not increase if the IV is in for longer than 72 hours.
- Less frequent IV changes increases patient satisfaction.
- Less IV changes decreases hospital expenses on IV catheters



IMPLEMENTATION

- Assess site routinely for signs of infection, phlebitis, and infiltration
- Flush IV catheters at least once a shift to ensure patency.
- Change catheters when clinically indicated instead of every 72 hours.
- Survey staff to assess why IV sites are being changed.

NEXT STEPS

- This project was not approved for clinical implementation due to associated risks and disagreement with current network practices.
- Staff survey was not handed out due to the project not being approved by the network.
- Another alternative would be to modify the current LVHN practice guidelines to allow IV catheter replacement every 96 hours compared to the current 72 hours.

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